



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

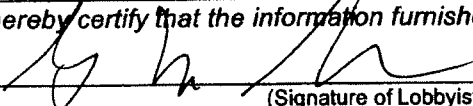
LOBBYIST REGISTRATION FORM

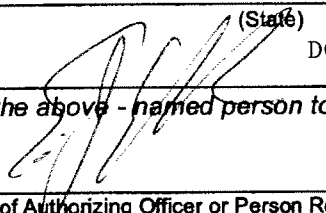
(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
SLOVIN	GARY	M.	808-547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			808-547-5880
(City)	(State)	(Zip Code)	
Honolulu, HI 96813			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Goodsill Anderson Quinn & Stifel			808-547-5600
MAILING ADDRESS (Street)			FAX
Same as above.			
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
CONSUMER DATA INDUSTRY ASSOCIATION		(202) 371 0910
MAILING ADDRESS (Street)		FAX
1090 Vermont Avenue NW Suite 200		(202) 371 01 34
(City)	(State)	(Zip Code)
Washington	DC	20005 4905
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Eric J Ellman Vice President and Counsel		(202) 408 7407
MAILING ADDRESS (Street)		FAX
Same as above		
(City)	(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	(Date)
(Signature of Lobbyist)	

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Eric J Ellman	Vice President and Counsel State Government and Federal Regulatory Affairs
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Consumer Data Industry Association	(202) 408 7407
MAILING ADDRESS (Street)	FAX
1090 Vermont Avenue NW Suite 200	(202) 371 0134
(City)	(Zip Code)
Washington	20005 4905
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
	12/25/2006
(Signature of Authorizing Officer or Person Represented)	(Date)